

Response to Questions

RFF-2015-10

Evidence-Based School Social Services Program

1. Is this a limited submission?

Please keep submissions to 10 pages including attachments.

2. Is there a particular format/template to utilize for submission?

Any format or template of the applicant's choosing may be used for this application. Applicants are NOT required to use attachments on pages 12-16 in the RFF.

3. Are multiple applications from one applicant acceptable?

The RFF states that only ONE (1) application per applicant will be accepted.

4. "No more than one proposal per respondent should be submitted", does respondent refer to a person or organization? If organization, would all of the campus at Indiana University be considered 1 organization (all campuses combine for one organization) or would it be the case that each campus would be considered an organization itself and each would be able to submit an application?

Each campus would be considered an organization itself and would each be able to submit an application as long as the target population or area of implementation is different or independent of the other.

5. If a public school serves as the applicant in partnership with a social service agency AND the same social service agency submits its own application in partnership with a different public school, is it possible for both the public school and the social service agency to receive considerations for funding awards?

Only one proposal per respondent will be accepted; however, the partnerships or collaborating partners can be included on multiple proposals. The proposal must specify the roles and responsibilities of each partner, and be clear about any staff time that is shared with other projects.

6. Would a collaborative partnership application with multiple agencies providing services to multiple school corporations be considered for funding?

Yes

7. Supplanting vs Supplementing... Currently we have a contract with DCS to provide reimbursement services to family and youth. Will this be considered supplanting or supplementing? The contract does not cover personnel, supplies, staff training, etc.

There is not sufficient information contained in this question to answer. The definition of **supplant** is to replace, take the place of, or supersede. Existing funds for a project and its

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activities may not be displaced by state funds and reallocated for other organizational expenses. **Supplement** means to build upon or add to.

8. Are programs required to be provided on-site at the schools? Could the program be provided at the provider's facility?

All services need to be provided with in the school.

9. In the Eligible Applicants section, it is stated: "Employ individuals who have earned a Master's Degree or in Social Work to provide evidence-based programs and strategies that meet the needs of children, families, and teachers in school settings". Does this mean that only applicants who employ MSWs are eligible?

No. Applicants must employ individuals who have earned a Masters Degree in Social Work or other related field to provide evidence-based programs and strategies.

10. Is it required that applicants have a plan identified for all of these services? "Proposals must identify: 1. The Evidence-Based program model(s) that will be implemented, 2. The services to be delivered (MUST include but are not limited to substance abuse prevention and education), 3. Assistance for children who are at risk of dropping out of school, 4. Grief counseling, 5. Suicide prevention, 6. Parenting skills, 7. Family communication education, and 8. Social skills education and development."

Yes, proposals must identify the programming and curriculum plan that will address all of the above services as appropriate for the age groups the applicant identifies to receive the social services.

11. What are some examples of independent entities appropriate to evaluate program's effectiveness and implementation strategies?

An independent entity is an agency in which there is no actual or perceived conflicting relationship. The chosen evaluator should have experience in determining the selected programs effectiveness and implementation strategies.

12. Will a proposal that targets elementary through high school populations be viewed more favorably than one that only target middle school through high school?

DMHA will evaluate applications based on the criteria contained within the RFF. DMHA is looking for applicants to identify the area and population with the greatest need for services and describe in detail what social services will be implemented to meet those identified needs.

13. Do the proposed services need to include a specific services component for teachers?

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No, it is not required that there is a specific service component for teachers. Service components should be within the parameters of the evidence-based programming implemented.

- 14. On page 3 of the RFF Announcement, you refer to data that identifies risk or protective factors of the target population. What is meant by “protective factors”?**

Protective Factors are defined as characteristics of a child, family, and community that reduce the negative effect of adversity on child outcomes. They are typically conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

- 15. On page 4 of the RFF Announcement, under Target Population, it reads “The State desires to provide a variety of evidence-based universal, selective, and indicated prevention services.” Does this mean that you are looking for proposals that offer a whole variety of evidence based services within the scope of a school social services program?**

The State is interested in applicants implementing evidence-based program(s) that: provide substance abuse prevention and education, assistance and support for children at risk for dropping out of school, grief counseling, suicide prevention, parenting skills, family communication and education, and social skills development and education.

- 16. For the program evaluation, on page 4 is indication of the need for an independent evaluator—however, in attachment A#4 is an indication of use of surveys and such that could be conducted without a formal evaluator but through deidentification, online means, by students, etc. Is that sufficient?**

For the purposes of this project an outside evaluator needs to be used in order to gather unbiased information and data so the State can measure the outcomes each applicant is reporting. Applicants may use surveys and such as well, however, this is not required.

- 17. Would it be possible to get a list of Evidence Based Programs that qualify for the Evidence Based School Services Program Grant?**

Evidence based programs and practices that would qualify are prevention and promotion based programs. Some examples may be found on SAMHSA’s National Registry of Evidence-based Programs and Practices website.

- 18. What schools are eligible to be served through the grant? Is this grant specifically and exclusively for public schools, or are those serving non-public schools eligible to apply?**

This grant opportunity is available for social services programs in **public** schools only.

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19. What if your community does not have an active System of Care?

Applicants are required to demonstrate partnership with their local system of care, however, not all counties have active systems of care and therefore a partnership and letter of support from their regional system of care would qualify. Applicants are encouraged to independently locate their system of care. Indiana's Technical Assistance Coordinator for System of Care is available to assist those applicants who need to connect with their SOC. Please contact Jayme Whitaker, SOC TA Coordinator, at Ronald.Whitaker@fssa.in.gov for assistance. Applications submitted without a letter of support from the local/regional SOC will not be considered for funding.

20. Does FSSA/DMHA anticipate any mandatory training regarding the RFF outside of training to conduct the evidence based program(s) and other essential duties to implement the proposal?

No, DMHA only requires that the applicant train those to implement services and programs in the EBP(s) chosen by the applicant.

21. Regarding the letter(s) from all schools participating, would it be acceptable to get one letter from the local school corporation that identifies the schools that the programs will be implemented in?

Letters of support **must** be obtained from **each** school identified for programming as it is important for them to be aware of the programming that will be implemented within their school. Letters from school corporations in addition to those obtained from each individual school can also be included.

22. What is considered post treatment care?

Post treatment care is defined as the social support services provided to individuals after being discharged from "treatment" such as outpatient/inpatient therapy services.

23. Regarding question #1 on pg. 5 of the RFF, could you please clarify the statement, "...unless you were a new program funded last year."

This is a phrase standard in Request for Funds documents, it refers to the fact that applicants are unable to use these grant funds to supplant other funds. This phrase is not applicable for this specific RFF as there were not proposals funded last year for services in which this RFF refers. Please disregard "unless you were a new program funded last year".

24. Regarding item "I" at the top of pg. 7 of the RFF, how are you defining "traditionally under-represented"?

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“Traditionally under-represented” is defined as populations that generally have limited or no access to services. This is usually determined by local populations, groups, and cultures and includes but is not limited to racial or ethnic minority groups.

- 25. If the legislature approved \$500,000 for this project, why are you capping each project at \$100,000? Could a proposal make a case for greater funding if the dollars are available?**

By appropriating \$100K per grantee, DMHA intends to expand these services in Indiana more quickly and in a fiscally responsible way. Those chosen to receive grants will be eligible to receive an additional \$100K for SFY 2017. Applicants may make a case for increased funding and this could be considered if fewer than 5 applicants are chosen to receive funds.

- 26. What is considered “treatment”? Are delivery of interventions such as CBITS and Bounce Back considered treatment, and therefore, not something that can be funded by this grant?**

Cognitive Behavior Intervention for Trauma in Schools (CBITS) is a treatment and therefore would not be eligible under the funding of this grant. However, prevention and health promotion programs such as Bounce Back would be eligible.

- 27. Could the funds be used to provide supportive services to struggling families of students?**

As stated within the RFF services can be provided to students, parents, caregivers, teachers, and/or communities. Supportive services must include: evidence-based program model(s), substance abuse prevention and education, assistance for children who are at risk of dropping out of school, grief counseling, suicide prevention, parenting skills, family communication education, and social skills education and development.

- 28. Would a planning/training period be allowed or is the expectation that services to students/families begin at the time the grant begins (Oct. 1)?**

A planning and training period will be allowed under this funding. The applicant must include details regarding this planning and training period and timeline for training, program development, and implementation.

- 29. Does the applicant have to meet all 6 requirements as listed in “Eligible Applicants” section on pg. 4 of the RFF?**

Yes, applicants must meet all requirements. Please see the answer to question 9 regarding employment of masters level clinicians.

- 30. The Department of Education is overseeing new legislation that just passed in 2015 that would provide grants to school counselors to be applied towards obtaining the LMHC license. It does not look like this would meet specific criteria but just curious if this would be something worth pursuing.**

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No, these grant funds cannot be used for this purpose.

31. Under Scope of Work (page 3), #2 mentions services provided. Are substance abuse services expected to be provided to youth who are struggling with those issues? Are counseling services expected to be included? Or is referral to those types of services sufficient?

No, a referral is not sufficient. It is expected that these services will be available and provided directly by the applicant.

32. Under Target Population (page 4) the last sentence in the first paragraph states "potential target populations must include". This language confuses me. Are grantees expected to target all levels of education (elementary, middle and high)?

The RFF reads "Potential target populations must include elementary, middle, and/or high school..." This allows for the respondents to select from elementary, middle or high school.

33. Can health care organizations apply if they are non-profit, have mental health services, and currently provide services in the school?

Yes, as long as they meet the criteria identified in the RFF on page 4.

34. Do we have to target all 8 issues? Can we choose a few?

All 8 services outlined in the RFF are required.

35. We noticed the RFF states that no more than one proposal per respondent should be submitted. We serve 17 counties in Indiana and have a verified a need for these services in at least 6 of these counties, however serving 6 counties with the maximum awarded funds of \$100,000 does not seem financially feasible. Is there any way possible that we could submit multiple proposals, perhaps 2 proposals targeting 3 counties each?

Only one proposal per respondent will be accepted; however, the partnerships or collaborating partners can be included on multiple proposals. The proposal must specify the roles and responsibilities of each partner, and be clear about any staff time that is shared with other projects.

36. Do services have to be provided on school sites only?

Yes

37. On page 3, are all of these service components items 3-8 required as parts of one program?

All service components are not required to be included in one program but must be available to the target population.

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38. Is there an expectation around the amount of funding to be allocated to the independent entity for program evaluation?

No, however, 20% or less would allow for most funding to go toward prevention services.

39. On page 6 the RFF states that treatment, therapy, and recovery support activities cannot be funded under this RFP. However, are grief counseling, suicide prevention, parenting skills, family communication, and social skills education and development required program elements, as described on page 3 of the RFF? And if so, are these an allowable expense?

Yes, these items are required and allowed under prevention services.

40. How are “unserved or marginally served counties” defined? Is there a list available of the counties that will receive priority?

The respondent must use data to adequately identify the need in the county or area selected as the target region. No, there is no designated list of priority counties for this RFF.

41. The budget forms instruct the provision of a 12 month budget; however, it appears that year one is an 8 month grant period. Can you provide any clarification on this point?

The budget forms are for reference and not required to be used. The first year will be a nine month budget.

42. The RFP indicates that a letter signed by members of the System of Care Governance Board identifying the amount of funds requested is required. Would that be a letter signed by FSSA, NAMI, and DCS? Can you clarify what that document entails?

No, the letter must be signed by local key stakeholders. Please refer to question #19.